

GILA COUNTY BOARDS, COMMISSIONS AND COMMITTEES APPLICATION

Please print in ink or type this document. This document may be used to apply for a new appointment or to be reappointed to a Board, Commission or Committee. Please answer each question as completely as possible.

I understand that I am obligated to be complete and truthful in providing information on this application. I understand that all the information disclosed by me in this application may be subject to public disclosure.

Name:			
	(Last)	(First)	(Middle Int.)
1. Home	Address:		
2. Cell F	Phone and Home Phone (if any):		
3. Emplo	oyer/Business Name:		
4. E-mai	1:	Fax:	
5. Maili	ng Address (if different from hon	ne address):	
6. Super	visorial District in which you res	ide:	
	of the Board, Commission or Conent/reappointment:	ommittee to which you are applying for	
8. Please	e explain why you wish to serve of	on this Board/Commission/Committee:	

9. Please list prior/current appointments to other	er Gila County Boards/Commissions/Committees:
10. Volunteer experience:	
11. Resume enclosed: Yes No I understand that appointed members to Boa a Loyalty Oath as part of the appointment process.	ards/Commissions/Committees shall be required to sign rocess.
Applicant's Signature	Date
Please return the completed application to Mari 1400 E. Ash Street, Globe, Arizona 85501	an Sheppard, Clerk of the Board, Gila County Courthouse,